



Bromate/Bromide Report

PWS ID # _____

Lab Sample ID _____

Lab Sample ID (Optional raw water) _____

A. PWS Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility - Please refer to your DEP Water Quality Sampling Schedule to help complete this section

PWS ID # _____

City/Town _____

PWS Name _____

PWS Class: ☐ COM ☐ NTNC

DEP Source Code/Location ID _____

Sample Location _____

Date Collected _____

Collected by _____

Routine ☐ Special ☐ (explain) _____

Notes _____

B. Laboratory Analytical Information

Analyzed by _____

Lab Certification # _____

Subcontracted: ☐

Subcontractor Laboratory Name _____

Sub. Certification # _____

¹ Monthly source water Bromide sampling is required to qualify for and remain on reduced Bromate monitoring.

² Bromate analysis requires the use of a Massachusetts or EPA certified laboratory.

Quarterly Average:
Average of three monthly averages mg/L

Running Annual Average:
Average of this quarter and three prior consecutive quarterly averages mg/L

Bromate

Raw Water Bromide (optional¹)

Result mg/L _____

MCL mg/L _____

0.010

Analytical Method _____

Detection Limit mg/L _____

Date Analyzed _____

Lab Sample ID# _____

Primary Certified Operator or Laboratory Director Signature ² _____

Date _____

C. DBPR Compliance Reporting

1. Bromate:

Every Month: _____

Total number of samples collected during month _____

Average result of All samples from month mg/L _____

Every Quarter: _____

Quarterly average mg/L _____

Running Annual Average mg/L _____



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C. DBPR Compliance Reporting (cont.)

This section
required for
systems seeking
or approved to
reduce bromate
monitoring

Quarterly
Average mg/L:
Average of three
monthly
averages mg/L

Running Annual
Average:
Average of this
quarter and three
prior consecutive
quarterly
averages

Attention: Mail
TWO copies of
this report to your
DEP Regional
Office within 30
days of receipt of
result and no
later than 10
days after the
end of the
reporting period.

2. Bromide

Every Month: _____
Average Result of ALL Source Water Samples from Month mg/L

Every Quarter: _____
Quarterly Average mg/L Running Annual Average mg/L

I certify under penalty of law that I am the person
authorized to fill out this form and the information
contained herein is true, accurate and complete
to the best of my knowledge and belief.

Primary Certified Operator Signature

Date

For DEP Use Only -
Please initial and
date as completed:

Accepted:

Disapproved:

Data entered into WQTS:

Comments: